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## FACSIMILE COVER SHEET

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October 21, 2003

**TO:** Examiner Spiegler (TC1600)

**GROUP:** 1637

**FAX NUMBER:** 703-872-9306

**ATTORNEY DOCKET NO.:** DEX-0243

**SERIAL NO.:** 10/016,349

**FILED:** October 26, 2001

**NUMBER OF PAGES:**

**MESSAGE:** Attached please find Amendment Transmittal Letter, Reply to Restriction Requirement and Certificate of Transmission by Facsimile.

**Kathleen A. Tyrrell, Registration No. 38,350**

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**CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)**

Applicant(s): Recipon et al.

Docket No.  
DEX-0243

Serial No.  
10/016,349

Filing Date  
October 26, 2001

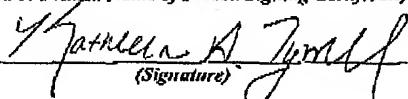
Examiner  
Spiegler, Alexander H.

Group Art Unit  
1637

Invention: Compositions and Methods Relating to Lung Specific Genes and Proteins

I hereby certify that this Preliminary Amendment and Reply to Restriction Requirement  
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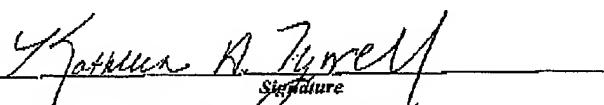
  
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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>			Docket No. DEX-0243		
Applicant(s): Recipon et al.					
Serial No. 10/016,349	Filing Date October 26, 2001	Examiner Spiegler, Alexander H.	Group Art Unit 1637		
Invention: Compositions and Methods Relating to Lung Specific Genes and Proteins					
<b>TO THE COMMISSIONER FOR PATENTS:</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	20 -	20 =	0	x \$18.00	\$0.00
INDEP. CLAIMS	2 -	3 =	0	x \$86.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____</p> <p><input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1619</p> <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p>					
 <i>Kathleen A. Tyrrell</i> <small>Signature</small>			Dated: October 21, 2003		
Kathleen A. Tyrrell, Reg. No. 38,350			I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.		
CC:			<i>Signature of Person Mailing Correspondence</i>		
			<i>Typed or Printed Name of Person Mailing Correspondence</i>		

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Attorney Docket No.: DEX-0243

Inventors: Recipon et al.

Serial No.: 10/016,349

Filing Date: October 26, 2001

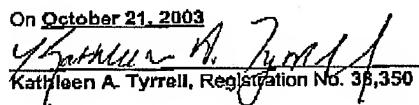
Examiner: Spiegler, Alexander H.

Group Art Unit: 1637

Title: Compositions and Methods Relating to  
Lung Specific Genes and Proteins

## Certificate of Facsimile Transmission

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Dear Sir:

Preliminary Amendment and Reply to Restriction Requirement

This is a reply to the Restriction Requirement mailed  
September 22, 2002 setting a one (1) month statutory period for  
response. Please enter the following amendments and remarks into  
the record.

Amendments to the claims are reflected in the listing of  
claims which begins on page 3 of this paper.

Remarks begin on page 7.